

Prioritization

Richard B. Gunderman, MD, PhD,

Luke D. Rinehart, DPT

Radiologists frequently need to manage multiple demands on their attention, time, and effort. To do so effectively, they need to understand what they are doing. Yet the curricula of medical schools and residency programs often overlook this issue entirely, at least to the extent that they include no theoretical or empirical studies on how best to approach the challenge. Yet such studies are available, and they offer many insights on the key factors in managing priorities.

There are several senses in which radiologists face multiple demands. One challenge is balancing personal and professional life: doing a good job each day and meeting responsibilities to family and friends. At work alone, an academic radiologist might need to juggle clinical, educational, and investigative responsibilities. And strictly clinically speaking, the performance and interpretation of examinations often need to be weighed against referring physicians' requests for consultation.

Even individual tasks often require performance across multiple dimensions [1]. In interpreting radiologic images, there is a balancing act between priorities. For example, one is the speed with which a radiologist generates reports, and another is attention to detail. Obviously, going too fast can lead to missed findings. In fact, the situation is even more complex. High-quality practice is not only quick and complete but also relevant to patient care, providing information referring physicians need to act on.

One crucial concept in thinking about how to manage multiple priorities is the distinction between an organization's stated priorities and its enacted priorities [2]. Stated priorities are intentional statements by the organization, such as its mission or vision statement, its job descriptions, and the

This is the author's manuscript of the article published in final edited form as:

Gunderman, R. B., & Rinehart, L. D. (2016). Prioritization. *Journal of the American College of Radiology*, 13(3), 357–358. <http://doi.org/10.1016/j.jacr.2015.08.012>

incentive systems by which it seeks to influence its employees' efforts. In some cases, such priorities may not be written down, but they are known to the people who work there.

By contrast, enacted priorities are the ways that members of the organization actually allocate their attention, time, and effort. It should be obvious to most people with organizational experience that stated priorities and enacted priorities are not always aligned. For example, a radiology department may state that quality and patient safety are its top priorities, but if reporting and incentive systems place all the emphasis on speed, quality and safety are liable to suffer.

Where stated and enacted priorities differ, some degree of conflict in the minds of radiologists is inevitable. When they devote energy to one task, such as interpreting imaging examinations, their energy is inevitably drawn away from other tasks, such as teaching students [3]. And in general, where pressures to perform well on multiple divergent fronts are high, performance will tend to suffer, not only because time and energy are limited but because such conflicts create psychological tension.

A number of factors seem to influence such resource allocation decisions. One is the difficulty of each task. Although it seems counterintuitive, more difficult goals can produce greater performance improvements [3]. This is likely because a difficult goal requires proportionately more resource allocation, with a reduction in the pursuit of other goals 3, 4 and 5. Lowering aspirations can do more harm than good, by drawing people away from pursuing goals that would make a bigger difference.

Another factor is the importance attached to a particular goal [2]. If a radiologist has just had a conversation with a leader who stressed the importance of completing a particular task, the radiologist is generally more likely to work on that task. Of course, importance can be assigned not only externally but internally, and people are also more likely to devote effort to tasks that they believe in and have a strong personal desire to complete.

One of the marks of an effective leader is achieving alignment between external and internal goals. This can be done in several ways. One is effective search and screen processes that ensure the people joining an organization are genuinely committed to its mission. Another is providing good

education and professional development programs that help members develop a deeper understanding of the organization's mission.

For example, a radiology department that puts the well-being of patients first might deeply probe job candidates' commitment to patients by asking them to recount instances of challenges they faced or times when they made a difference in a patient's care. Likewise, it could invite patients and families to come and speak at departmental meetings, recounting stories of the contributions the department's members made to their care.

Of course, clarity of purpose and depth of commitment do not flow in only one direction, from organizations to their members. In many cases, members of organizations have important roles to play in helping keep organizations on track and getting them back on track when they stray from their purposes. This is an instance in which the internal commitments of members can be especially important, serving as the organization's conscience.

Another factor that influences allocation decisions is the performance appraisal or feedback a radiologist receives [6]. What kind of feedback is taken most seriously? If the only regular feedback radiologists receive is report turnaround time, then many radiologists will, over time, naturally begin to pay more and more attention to speed, drawing attention away from other purposes to which feedback is less frequently or never devoted.

There is an important implication to this analysis. Namely, organizations and their leaders need to be careful that stated and enacted priorities are aligned, at least where the organizations want to achieve and maintain high levels of coherence. It does no good to express heavenly aspirations if the day-to-day culture of an organization fosters subterranean conduct. Anything else is liable to smack of hypocrisy and promote cynicism.

Both the stated and enacted priorities should be backed up by clear patterns of performance appraisal. What the organization monitors, reports, and rewards in its members should comport with what it really cares most about, both explicitly and implicitly [2]. The more important a particular priority

happens to be, the more important that feedback on it should be visible, meaningful, and frequent. Lower priorities should receive correspondingly less feedback.

A big problem here is the greater ease of monitoring, reporting, and rewarding some performance parameters and not others. For example, it might be relatively easy to track report turnaround time but relatively difficult to track the quality of a radiologist's interactions with referring physicians.

Because of this, those tasked with developing a feedback system may settle on report turnaround time, simply because it represents the lowest hanging fruit.

Another factor affecting resource allocation decisions is efficacy [7]. Where are a worker's efforts most likely to pay off in terms of improved performance appraisals, advancement in the organization, and benefit to patients or the community? Most people want to feel that their energies are likely to make a difference, and an organization that makes such a difference clear is likely to benefit from stronger efforts by its members.

Still another factor is urgency [2]. When tasks are seen as urgent, they are generally more likely to get attention. Here again there is a potential problem. In many cases, tasks that are made to seem urgent can supplant more important tasks, simply because the time frame in which to complete one is shorter than another. If urgent but less important tasks keep cropping up day after day, truly important work may not get done in a timely fashion, and may even be entirely neglected.

In sum, weighing competing priorities is itself a priority that deserves higher priority. Everyone who depends on radiologists' ability to manage multiple demands in the workplace has a vested interest in defining clear priorities and providing matching performance appraisals. This is especially true with younger and less experienced radiologists, who have not had as much time as more seasoned colleagues to develop a clear sense of where the real priorities lie.

REFERENCES

1. Locke EA, Latham GP. A theory of goal setting and task performance. Englewood Cliffs, New Jersey: Prentice-Hall; 1990.
2. Ashford SJ, Northcraft G. Robbing Peter to pay Paul: feedback environments and enacted priorities in response to competing task demands. *Hum Resource Manage Rev* 2003;13:537-59.
3. Schmidt KH, Kleinbeck U, Brockmann W. Motivational control of motor performance by goal setting in a dual-task situation. *Psychol Res* 1984;46:129-41.
4. Erez M, Gopher D, Arzi N. Effects of goal difficulty, self-set goals, and monetary rewards on dual-task performance. *Org Behav Hum Decis Proc* 1990;47:247-69.
5. Kleinbeck U. Effects of goal setting on motivation and performance in dual-task situations. Presented at: 21st International Congress of Applied Psychology; 1986.
6. Larson JR, Callahan C. Performance monitoring: how it affects work productivity. *J Appl Psychol* 1990;75:530-8.
7. Kernan MC, Lord RG. Effects of valence, expectancies, and goal-performance discrepancies in single and multiple goal environments. *J Appl Psychol* 1990;75:194-203.